

WASHINGTON STATE NURSING COMMISSION

CERTIFICATE OF COMPLETION OF RN PROGRAM
(to be completed after program completion)

I certify that the individual listed below **HAS** completed all requirements for the degree/diploma for the approved Registered Nurse program as outlined in WAC 246-840-575. I understand that my signature on this form will allow this individual to sit for the registered nurse licensure examination. **An official transcript with the degree/diploma posted will follow as soon as it is available.**

Last Name of Graduate _____

First Name _____ Middle Name/Initial _____

Date of Birth _____ Social Security Number _____

Date of Program Completion _____

Signature of
Authorized Person _____

Title _____

school
seal

Name of School of Nursing _____

Dated this _____ day of _____ 199 _____

An Official Transcript is attached or will follow as soon as possible.

Please send completed form to:

Washington Nursing Commission
PO Box 1099
Olympia WA 98507-1099